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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING  
TRANSMITTED BY FACSIMILE TO THE UNITED STATES PATENT  
AND TRADEMARK OFFICE ON September 17, 2003.

Name of Person Making Transmission: Karen Cing-MarsSignature: Karen Cing-MarsDate of Signature: 9/17/03**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:  
Yun-Yu Wang *et al.*

Examiner: O. Nadav

Application No.: 09/874,145

Group Art Unit: 2811

Filed: June 5, 2001

For: METHOD FOR PRODUCING A  
FLAT INTERFACE FOR A  
METAL-SILICON CONTACT  
BARRIER FILM

Date: September 17, 2003

**REPLY AND AMENDMENT UNDER 37 C.F.R. § 1.111**

The Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313



Sir:

In reply to the Office Action dated June 17, 2003, please amend the above-identified  
application as follows:

FIS9-1997-0266-US4

-1-

Appln. No. 09/874,145

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>FIS919970266US4</b>		
Applicant(s): <b>Yun-Yu Wang et al.</b>					
Serial No. <b>09/874,145</b>	Filing Date <b>06-05-01</b>	Examiner <b>Ori Nadav</b>	Group Art Unit <b>2811</b>		
Invention: <b>METHOD FOR PRODUCING A FLAT INTERFACE FOR A METAL-SILICON CONTACT BARRIER FILM</b>					
<b>RECEIVED CENTRAL FAX CENTER</b>					
<b>TO THE COMMISSIONER FOR PATENTS:</b>					
<b>SEP 22 2003</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	26 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<b>OFFICIAL</b>					
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>09-0458</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <i>17. September 2003</i>		
<div style="display: flex; justify-content: space-between;"><div><b>Jay H. Anderson</b> Registration No. 38,371 Telephone No. 845-894-3667 Fax No. 845-892-6363</div><div>I CERTIFY THAT THIS DOCUMENT IS BEING FACSIMILE TRANSMITTED TO THE USPTO ON THE DATE SHOWN BELOW:  Date of Transmission: <b>9/17/03</b> Name of Person Making Transmission: <b>Karen Cinq-Mars</b>  Signature: </div></div>					
cc:					

# FACSIMILE TRANSMISSION TO USPTO

**CERTIFICATION OF FACSIMILE TRANSMISSION:**

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BELOW:

Date of Transmission: September 17, 2003

Name of Person

Making Transmission: Karen Cinq-Mars

Signature:

*Karen Cinq-Mars 9/17/03*

DOCUMENT(S) FAXED: (MARKED WITH X)

**10** PAGES ATTACHED

Re Applic of	Yun-Yu Wang et al.
Docket No.	FIS9-1997-0266US4
Serial No.	09/874,145
Filing Date	06-05-01
Attorney	Jay H. Anderson

Attached: Amendment

## PLEASE DELIVER TO:

EXAMINER: **Ori Nadav**  
ART UNIT: **2811**  
PHONE NO: **703-308-8138**  
FAX NO: **703-872-9318**

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